STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145460	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thrive of Lake County	850 E US Highway 45 Mundelein, IL 60060

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to administer medication as ordered by a physician for 1 resident (R1), failed to ensure medications were stored in their original packaging prior to administration for 5 residents (R7,R8,R9,R10,R11). These failures apply to 6 of 8 residents reviewed for medications in the sample of 11.The findings include: 1) R1's electronic face sheet dated 8/20/25 showed R1 has diagnoses including but not limited to Alzheimer's disease, hypothyroidism, asthma, and hypertension. R1's facility assessment dated [DATE] showed R1 has severe cognitive impairment.On 8/20/21 at 10:21AM, R1 was in her bed laying on her left side with a white patch dated 8/19 stuck to her bed linens. Surveyor reported findings to V4 (Registered Nurse). Surveyor and V4 entered R1's room and V4 stated, Oh, that's her lidocaine patch. She gets one on her left shoulder. I haven't put her new one on yet this morning, but it was supposed to be put on around 8:00AM, I think. This patch should have been removed last night because it gets put on in the morning and then removed at night.R1's medication administration record (MAR) for August 2025 showed, Lidocaine External Patch 4%. Apply to left shoulder topically one time a day for pain and remove per schedule. R1's MAR showed R1's Lidocaine patch is to be placed on at 9:00AM and removed at 8:59PM every day.R1's medication administration audit report dated 8/20/25 showed V4 signed off that she applied R1's new lidocaine patch at 8:32AM. (V4 previously stated she had not placed R1's new lidocaine patch on yet).On 8/20/25 at 12:55PM, V2 (Director of Nursing) stated, When a nurse is administering a patch to a resident, they should be verifying that the patch is in the correct spot and dated correctly. Lidocaine patches are typically dated, and they should be done as ordered to have the therapeutic amount given to them.The facility's policy titled, Administration of Medications dated February 2018 showed, General: All medications are administered safely and appropriately to aid residents and to help overcome illness, relieve, and prevent symptoms, and help in diagnosis.17. If medication is not administered, record reason on the eMAR (Electronic Medication Administration Record) and notify physician or Nurse Practitioner.2) On 8/20/25 at 12:33PM, V8 (Registered Nurse) was in the middle of a medication pass. Inside the top drawer of the medication cart were 5 medication cups with room numbers and pills inside each cup. V8 stated he prepped the medications earlier because he has 20 residents to take care of and it makes his medication pass faster. Upon review of the medication cups with V8, it was found the medications belonged to R7,R8,R9,R10, and R11.R7's medication cup consisted of amiodarone 400mg and gabapentin 300mg scheduled for 2:00PM administration.R8's medication cup consisted of Norco 5/325mg scheduled for 2:00PM administration.R9's medication cup consisted of midodrine 5mg scheduled for 3:00PM administration.R10's medication cup consisted of gabapentin 300mg scheduled for 2:00PM administration. R11's medication cup consisted of midodrine 10mg scheduled for 3:00PM administration.On 8/20/25 at 12:55PM, V2 stated, Medications should not be pre-poured as this could lead to a medication error. If (V8) had to leave, we wouldn't be able to confirm that the medication is correct and if he gets busy, he could give the incorrect medication.The facility's policy titled, Administration of Medications revised February 2018 showed, .13. Hit prep on the eMAR as the medication is prepared. Hit confirm on the eMAR once the medication is popped out.16. Remain with the resident to ensure the resident swallows the medication. Once resident takes the medication, hit save on the eMAR.